

POSITION <i>COI</i>	INITIALS <i>MAH</i>	ID NO. <i>875</i>	DATE <i>9-10-98</i>
FEE DETERMINATION	<i>B-H</i>	<i>60245</i>	<i>6-18-98</i>
O.I.P.E. CLASSIFIER		<i>1/1</i>	<i>6/23/98</i>
FORMALITY REVIEW	<i>1A</i>	<i>91621</i>	<i>9/1/98</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	99	9/30/00
2	✓	100	10/15/01
3	✓	101	11/02/03
4	✓	102	11/03/03
5	✓	103	
6	✓	104	
7	✓	105	
8	✓	106	
9	✓	107	
10	✓	108	
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45	✓	143	
46	✓	144	
47	✓	145	
48	✓	146	
49	✓	147	
50	✓	148	

Claim	Final	Original	Date
51	✓	149	
52	✓	150	
53	✓	151	
54	✓	152	
55	✓	153	
56	✓	154	
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99	✓	197	
100	✓	198	

Claim	Final	Original	Date
101	✓	199	
102	✓	200	
103	✓	201	
104	✓	202	
105	✓	203	
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142	✓	240	
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144	✓	242	
145	✓	243	
146	✓	244	
147	✓	245	
148	✓	246	
149	✓	247	
150	✓	248	

If more than 150 claims or 10 actions  
staple additional sheet here

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